Medical Plan Comparison

Carrier: Anthem In-Network Services	**CEBCO 500 PPO**	**CEBCO 3000 PPO**
Deductible	$500 Ind. / $1,000 Family	$3,000 Ind. / $6,000 Family
Out-of-pocket Maximum	$2,500 Ind. / $5,000	$6,000 Ind. / $12,000 Family
PCP Office Visit	$25 Copay **Deductible does not apply*	$30 Copay **Deductible does not apply*
Specialist Office Visit	$25 Copay **Deductible does not apply*	$60 Copay **Deductible does not apply*
Preventive Care	Covered at 100%	Covered at 100%
Inpatient Hospital	20% Coinsurance	20% Coinsurance
Outpatient Facility	20% Coinsurance	20% Coinsurance
Emergency Room	$200 Copay **Deductible does not apply*	$300 Copay **Deductible does not apply*
Urgent Care	$45 Copay **Deductible does not apply*	$75 Copay **Deductible does not apply*
Prescription Drug (Retail)	Tier 1: $10 min. /$25 max. copay Tier 2: $25 min. /$50 max. copay Tier 3: $30 min. /$85 max. copay Specialty: $85 max. copay **Deductible does not apply*	Tier 1: $10 min. /$25 max. copay Tier 2: $25 min. /$50 max. copay Tier 3: $30 min. /$85 max. copay Specialty: $85 copay **Deductible does not apply*
Prescription Drug (Mail Order)	Tier 1: $20 copay Tier 2: $40 copay Tier 3: $70 copay Specialty: $85 max. copay **Deductible does not apply*	Tier 1: $20 copay Tier 2: $40 copay Tier 3: $70 copay Specialty: $85 copay **Deductible does not apply*

Carroll County State of Ohio

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